

Lamont Hunter
PCT International Division
(703) 305-3388

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						101049410			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND..	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
OTAL D. E. S.						TOTAL IND.			
OTAL D. E. S.						TOTAL DEP.			
OTAL CLM						TOTAL CLM			
10-1380 (D-78)									